

COMMUNITY RIGHT TO KNOW SURVEY FOR 2005

For State and Federal Community Right to Know Reporting

Please type or print legibly.

THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.

01035800000

325110

Macho Corporation

Attn: Joseph M. Bright

55 Blue Street

Anytown, NJ 07701

A Facility Location - Street, City, State, Zip and County
MUST BE PROVIDED

227654324

0906

55 Blue Street

Anytown, NJ 07701

County: Any County

Please indicate the reason for changing this information

[] this facility moved [] additional facility

[] correction to existing location

See instructions if information on these forms is incorrect.

<p>B Does this facility Produce, Store or Use Environmental Hazardous Substances on Table A in a pure or mixture state: <i>Darken either yes or no box</i></p> <p>1. in any quantity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. above thresholds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>D Number of employees at facility 35</p>
<p>C Briefly describe the current operations or business conducted at this facility:</p> <p>Manufacture Machine Parts</p>	<p>E Number of facilities in New Jersey 1</p>
<p>H Check box if you have reported any substances pursuant to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III) <input checked="" type="checkbox"/></p>	<p>F Federal EIN 22-7654324 Please verify</p>
<p>I FACILITY EMERGENCY CONTACT</p>	<p>G If you are claiming an R&D lab exemption for <u>this facility</u>, enter your approval number.</p>
<p>Name <u>James Barnes</u> Title <u>Environmental Affairs</u></p> <p>Facility Phone # (201) <u>555-7000</u> Emergency Contact Phone # (201) <u>555-7000</u></p>	
<p>J CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE -- I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.</p> <p>Fax # (201) <u>555-7000</u></p> <p>Signature <u>Joseph M. Bright</u> Date <u>2/16/2006</u> Phone # (201) <u>555-7100</u></p> <p>Name <u>Joseph M. Bright</u> Title <u>President</u></p>	
<p>K UNION REPRESENTATIVE</p> <p>Union Name/Local # <u>Workers/1041</u> E-mail <u>Smith@workers.com</u></p> <p>Name <u>John Smith</u> Phone # <u>555-555-1234</u></p>	

RETURN SIGNED ORIGINAL TO:

NJDEP

Office of Pollution Prevention &

Right To Know

PO Box 405

Trenton, NJ 08625-0405

You are required to send copies of this survey to the agencies listed in the instruction guide. You must also keep a copy at your facility.

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PART 2

2005 CHEMICAL INVENTORY REPORT

Macho Corporation
55 Blue Street, Anytown

Reporting Period: January 1 - December 31, 2005

Please type or print legibly.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Cadmium Sulfide</u> Substance Number: <u>2199</u> CAS Number: <u>N078</u> DOT Number: <u>2570</u> <input type="radio"/> EPCRA Only Check one <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture Check one <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (Check if claiming)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container type <u>DP</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Rear of Building</u>		
Name: <u>Chlorine</u> Substance Number: <u>0367</u> CAS Number: <u>7782-50-5</u> DOT Number: <u>1017</u> <input type="radio"/> EPCRA Only Check one <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas Trade Secret: <input type="radio"/> (Check if claiming)	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden release of pressure <input checked="" type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container type <u>CY</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>11</u> Days on site <u>365</u> Storage pressure <u>02</u> Storage temperature <u>04</u>
Location(s) <u>Right Front of Wall</u>		
Name: <u>Sodium Hydroxide</u> Substance Number: <u>-----</u> CAS Number: <u>1310-73-2</u> DOT Number: <u>1823</u> <input checked="" type="radio"/> EPCRA Only Check one <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture Check one <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (Check if claiming)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input checked="" type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container type <u>BG</u> Max. daily inventory <u>17</u> Avg. daily inventory <u>16</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Left Front Wall</u>		
Name: <u>Lead</u> Substance Number: <u>1096</u> CAS Number: <u>7439-92-1</u> DOT Number: <u>-----</u> <input type="radio"/> EPCRA Only Check one <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture Check one <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (Check if claiming)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container type <u>BT</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>-----</u>		
Name: <u>Samples of Reported Substance</u> Substance Number: <u>3628</u> CAS Number: <u>-----</u> <input type="radio"/> EPCRA Only DOT Number: <u>-----</u> Check one <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (Check if claiming)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Acute health effects <input type="checkbox"/> Chronic health effects <input checked="" type="checkbox"/> None per MSDS	Container type <u>BG</u> Max. daily inventory <u>09</u> Avg. daily inventory <u>09</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Q.A. Lab - 2nd Floor</u>		

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
BA Bag BG Bottles or jugs (glass) BN Tote bin BP Bottles or jugs (plastic) BT Battery BX Box CB Carboy CN Can CY Cylinder DF Fiber drum	DP Plastic drum DS Steel drum OT Other (describe) RC Railcar SI Silo TA Above ground tank TB Below ground tank TI Tank inside building TW Tank Wagon	Pressure 01 Ambient* pressure 02 Greater than ambient pressure 03 Less than ambient pressure Temperature 04 Ambient temperature 05 Greater than ambient temperature 06 Less than ambient temperature but not cryogenic (freezing conditions) 07 Cryogenic conditions (less than -200 C) *Ambient means "normal," "surrounding," or "room" conditions.

¹ NOTE: Please see instructions for gallon and cubic feet conversion factors

DEQ-094